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## BIB DATA SHEET

CONFIRMATION NO. 4645

<b>SERIAL NUMBER</b> 10/649,068	<b>FILING or 371(c) DATE</b> 08/27/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 65937-0037
<b>APPLICANTS</b> Joseph L. Mark, Indianapolis, IN; Michael E. Miller, Trafalgar, IN; Timothy A. Goedde, Indianapolis, IN;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/416,755 10/07/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 11/19/2003				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and <u>/PARIKHA SOLANKI</u> <u>MEHTA/</u> Acknowledged <u>Examiner's Signature</u>	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> <del>32</del> 38
				<b>INDEPENDENT CLAIMS</b> <del>4</del> 5
<b>ADDRESS</b> RADER, FISHMAN & GRAUER PLLC 39533 WOODWARD AVENUE SUITE 140 BLOOMFIELD HILLS, MI 48304-0610 UNITED STATES				
<b>TITLE</b> Introduction system for minimally invasive surgical instruments				
<b>FILING FEE RECEIVED</b> 2375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	